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DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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MICHAEL P. CANTARA
COMMISSIONER

JAY BRADSHAW
DIRECTOR

BOARD OF EMS MEETING
AUGUST 3, 2005
9:30 AM
MAINE EMS CONFERENCE ROOM

MINUTES

Board Members: Wayne Werts (chair-elect), Bob Ashby, Oden Cassidy, Joseph Conley, Peter DiPientranantonio, Richard Doughty, Bill Dunwoody, James Farrell, Kevin Kendall, Penny Kneeland, Jim McKenney, Carol Pillsbury, Steve Diaz (ex-officio)

Regional Coordinators: Joanne LeBrun, Rick Petrie, Bill Zito

Staff: Jay Bradshaw, Dwight Corning, Dawn Kinney, Drexell White, and Laura Yustak Smith, AAG

Guest: Dan Palladino (Delta Ambulance), Paul Marcolini (Tri County EMS)

- 1) Introductions – not necessary.
- 2) Approval of June 22, 2005, meeting minutes

MOTION: To approved the minutes of the June 22, 2005, meeting as distributed. (Cassidy: second by McKenney) Unanimous.

- 3) Old Business
 - a) EMS Assessment Report.

Jay reported that all the work groups have had several meetings and established a monthly meeting schedule. The MEMS web site has been updated to include a page on the EMS Study. Information about the committees, facilitators, members, and meeting minutes are posted as they become available. Although the core membership has been established, there will be an ongoing opportunity for input and participation by anyone interested in doing so.

- b) Practical Assessment Exam Alternatives

Drexell summarized the activity that has taken place with the Education and Exam Committees to develop an alternative skills assessment tool as directed by the Board at its June 22, meeting.

Following this presentation, there was considerable discussion about the evaluation component and several logistical issues (e.g. rate of compensation, scheduling, evaluation, and QA).

Staff estimates that if amortized on a per-student basis, the fee would be approximately \$15; however, interest was expressed by several coordinators to consider a “per class” evaluation fee rather than per student.

MOTION: To approve of the progress made to date and continue to work on the details of incorporating the practical skills evaluation into licensure courses – and to report back to the Board in September with a fee recommendation. (Farrell; second by Cassidy) Unanimous

4) New Business

a) Trauma Advisory Committee Action Items

Jay reported that at the last TAC meeting on July 26, there were several discussion/action items that were forwarded for Board consideration/action.

MOTION: To approve the appointment of Jill Berry-Bowen to the Trauma Advisory Committee as a representative of large hospitals (McKenney; second by Doughty). Unanimous with one abstention (Pillsbury)

MOTION: To contact Dr. Dora Mills Bureau of Health and DHHS administration and express support for the regional resource center configuration and that this configuration should be maintained in the health preparedness plan of the state, consistent with the Maine EMS Trauma Plan. If it is determined that a meeting will help with this communication, Chief Werts will participate representing the Board of EMS. (Doughty; second by Kendall). Unanimous.

MOTION: To approve the Maine EMS advisory regarding EMTALA and the use of hospital helipads as amended. (McKenney; second by DiPietrantonio) Unanimous with one abstention (Farrell)

Jay also reported that the TAC also passed a motion to advise the MDPB that the criteria for trauma system activation include activation of air medical response based on the anatomic and physiologic criteria included in that protocol. This is an issue that has also arisen in the EMSSTAR report and in the Medical Control work group. The TAC motion was passed unanimously, with one abstention (Dr. Clark).

b) Investigation Committee Action Items

MOTION: To approve the consent agreement with Cindy Meservey (Kneeland; second by DiPietrantonio) Unanimous

MOTION: To have the frequency of SBI background checks established by the Investigations Committee dependent upon the case-specific issues. (Farrell; second by Kendall). Unanimous

MOTION: To ratify the minutes of the July 13, 2005, Investigation Committee. (Kneeland; second by McKenney). Unanimous.

- c) Other
 - i) Staff

Jay reported that for the past several months the number of requests for DNR forms and bracelets has significantly increased and that MEMS will be working with the Maine Hospital Assn to discuss possible legislation that can be introduced during the second regular session (2006) that would enable the MEMS DNR form to become incorporated with the MHA Living Will form. There are many issues that need to be identified and discussed, but this seems to be an appropriate opportunity to have such a discussion given the national interest that surrounded the Terry Schiavo case in Florida. Jay also noted that Medic Alert has a jewelry type bracelet that they will customize to meet the MEMS needs – and which is will be available for purchase directly from the company upon submission of a valid Maine DNR form. Medic Alert has a \$30 fee for the bracelet, which they will waive if the patient is unable to pay. MEMS is not endorsing the medic alert bracelet, but will consider that as an acceptable DNR bracelet provided it is labeled with “Maine EMS DNR/CC” has the patient’s name, and an identification number

Jay also reported that on Thursday, August 18, representatives from ImageTrend will be at MEMS to make a presentation about their EMS Bridge, which is the product selected for the MEMS electronic run report project. MEMS has received delivery of the two servers that will be used for web hosting and data collection, secured two domain names (www.memsrr.com and www.memsrr.org) which will be eventually directed to these servers.

Interviews for the EMS Data and Preparedness Coordinator will be conducted in the next couple of weeks.

- ii) MDPB

Dr. Diaz that the MDPB is not meeting during the summer months to enable members to participate in the Medical Control & Trauma work group.

At the September meeting, the TAC motion regarding air medical activation will be presented. Also anticipated for presentation in September is a proposal from the Regional Resource Centers to supply Mark 1 kits for all ambulances. This will require both a protocol and educational component – and is likely to be several months in the process.

Another item that will be included in the fall MDPB agenda will be the PIFT module, which is currently being worked on by the Education Committee.

Lastly, Dr. Diaz reported that recently an issue arose where a patient with a chest tube in place needed to be transferred between hospitals. Currently, this is beyond the scope of practice for paramedics, but there are devices available (Heimlich valve) which may make this appropriate in the future.

5) Other

Chief Farrell referenced a trend that is emerging encouraging cell phone users to use "ICE" (which stands for In Case of Emergency) to enter contact information into cell phone address books. The concept was suggested by a paramedic in England, but did not catch on until after the recent London bombings.

The idea is that a cell phone user could program in ICE1, ICE2, etc and that EMS providers would use this in situations where it is necessary to contact someone who might have helpful information about a patient.

6) Adjourn

Meeting adjourned at 10:55. Next meeting is scheduled for Wednesday, September 7, @ 9:30.

